Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service Open to Public Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning 2009, and ending D Employer Identification Number Check if applicable Ptease us IRS label PAJARO VALLEY FEDERATION OF TEACHERS, 23-7207231 Address change or print or type. See specific Instruc-AFT LOCAL 1936 Telephone number Name change 90 MARIPOSA AVENUE (831) 722-2331 Initial return WATSONVILLE, CA 95076 Termination Amended return G Gross receipts \$ 1,239,217. F Name and address of principal officer FRANCISCO RODRIGUEZ H(a) Is this a group return for affiliates? Application pending H(b) Are all affiliates included? Same As C Above If 'No,' attach a list (see instructions) Tax-exempt status X = 501(c) (5 4947(a)(1) or 527 Website: ► www.pvft.net H(c) Group exemption number ► , 0787 Form of organization Corporation Trust Association Other ▶ L Year of Formation 1969 M State of legal domicile Summary 1 Briefly describe the organization's mission or most significant activities collective bargaining representation Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of employees (Part V, line 2a) 5 11 Total number of volunteers (estimate if necessary) 6 <u>50</u> 0. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7 a 0<u>.</u> b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 5,232. Contributions and grants (Part VIII, line 1h) 1,026,352 Program service revenue (Part VIII, line 2g) 994,309. 295. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 551. 239,381. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 140,885. 1,239,217. Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,167,788. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,000. 13 7,887 Benefits paid to or for members (Part IX, column (A), line 4) 6,941. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 166,498. 108,947. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,030,815. 1,022,863. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses Add lines 13-17 (must equal Part IX column (A), line 25) 1,205,200. 1,140,751. Revenue less expenses Subtract line 18 from line 12 RECEIVED -37,412.98,466. RS-OSC Beginning of Year End of Year Total assets (Part X, line 16) OCT 08 2010 441,262 504,063. 21 Total liabilities (Part X, line 26) 274,826 230,424. Net assets or fund balances Subtract line 21 from line 20 166,436. 273,639. OGDEN Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of of NUBIA PADILLA Treasurer Type or print name and titte Date Preparer's identifying number (see instructions) Check if self-employed Paid Preparer's signature Pre-John K Poolev N/A parer's RITA C. VILLA, CPA Use yours if self-emptoyed), 3151 Cahuenga Blvd. West, Suite 125 N/A Only LOS ANGELES, CA 90068 512-9700 Phone no **(323)** May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

TEEA0113L 12/29/09

| Form 990 (2009) PAJARO VALLEY FEDERATION OF TEACHERS | <u>, 23-7207231</u> Pa | age 2 |
|--|--|------------|
| Part III. Statement of Program Service Accomplishments | | |
| 1 Briefly describe the organization's mission | | |
| collective bargaining representation | | |
| | | |
| | | |
| | | |
| 2 Did the organization undertake any significant program services during t | he year which were not listed on the prior | |
| Form 990 or 990-EZ? | · — — | No |
| | | 110 |
| If 'Yes,' describe these new services on Schedule O | | |
| 3 Did the organization cease conducting, or make significant changes in h | ow it conducts, any program services? $\qquad \qquad \qquad$ | No |
| If 'Yes,' describe these changes on Schedule O | | |
| 4 Describe the exempt purpose achievements for each of the organization and 501(c)(4) organizations and section 4947(a)(1) trusts are required to | 's three largest program services by expenses Section 501(c)(3 |) |
| expenses, and revenue, if any, for each program service reported | o report the amount of grants and allocations to others, the total | |
| supplies s, and revenue, if any, for each program service reported | | |
| | | |
| 4a (Code) (Expenses \$ including gran | |) |
| Collective bargaining representation & grieva | nce handling for about 1,300 | _ |
| certificated employees of the Pajaro Valley U | nified School District | |
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| Alta (Cardan A |) (D | |
| 4b (Code:) (Expenses \$ | ts of \$) (Revenue \$ |) |
| Printing & publishing "The Flyer" newsletter | | |
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| 4c (Code Including gran | ts of \$) (Revenue \$ |) |
| Donations & scholarships to member families a | | |
| under Good & Welfare and Scholarship expenses | | |
| _anger_goog_g_werrare_ang_schorarship_exbenses | | |
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| 4d Other program services (Describe in Schedule O) | | |
| |) (Daysery - 6 | |
| (Expenses \$ including grants of \$ |) (Revenue \$) | |
| 4e Total program service expenses ▶ | | |

| 1 | 12 the appropriate the description of the FOLK NOV or 4047(4) (1) and the second of the NOV of the second of the s | | Yes | No |
|-----------|---|-----|-----|----|
| 1 | le the proposed and deep head on the E014 2/22 of 40474-2/12 and the E014 2/22 of the E014 | | | |
| | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | 1 | | ·X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | Х |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 3_ | | Х |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | 4 | | |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III | 5 | | х |
| · | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II | 7 | ! | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | Х |
| | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes , Yes | 10 | | ·X |
| 11 | Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable | 11_ | Х | |
| • | Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI | | | |
| • | Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII | | | |
| • | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | | | |
| | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | | | |
| | Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X | | | |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X | | | |
| 12 | Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII | 12 | х | |
| 12A | Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No | | | |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III | 19 | | |
| 20 | Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H | 20 | | X |

Note. All Form 990 filers are required to complete Schedule O

Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part l 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Х Schedule L, Part III 27 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV Х 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Χ Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197

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|---|---|----------|-----|---|--|--|--|--|--|--|
| 1 | a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US | | Yes | No | | | | | | |
| | Information Returns Enter 0 if not applicable 1a 0 | | | | | | | | | |
| | b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | İ | | | | | | | |
| | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | | | | | | | |
| 2 | a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 11 | | | | | | | | | |
| 2 | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Χ | | | | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | | | | | | | | | |
| 3 | a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | | _X_ | | | | | | |
| b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q . | | | | | | | | | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | | | | | | | |
| | b If 'Yes,' enter the name of the foreign country | | | | | | | | | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | | | | | | | | |
| 5 | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X | | | | | | |
| | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X | | | | | | |
| | c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5с | 'n | | | | | | | |
| 6 | a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6 a | Х | | | | | | | |
| | b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? | 6 b | Х | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | |
| | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | | | | | | | |
| | b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | | | |
| | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file | 7с | | | | | | | | |
| | d If 'Yes,' indicate the number of Forms 8282 filed during the year | | | | | | | | | |
| | e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | | | | | | |
| | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | | | | | | | |
| | g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | | | | | |
| | h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business | 8 | | | | | | | | |
| ۵ | holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. | <u> </u> | | | | | | | | |
| | a Did the organization make any taxable distributions under section 4966? | 9a | | | | | | | | |
| | b Did the organization make any distribution to a donor, donor advisor, or related person? | 9b | | , | | | | | | |
| | Section 501(c)(7) organizations. Enter | 90 | | | | | | | | |
| | a Initiation fees and capital contributions included on Part VIII, line 12 | ** | | | | | | | | |
| | b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | | | |
| | Section 501(c)(12) organizations. Enter. | | | | | | | | | |
| | a Gross income from other members or shareholders | | | | | | | | | |
| | b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | | | | | | | |
| 12 | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | | |
| | b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | | | | | | | | | |
| | | | | | | | | | | |

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Form 990 (2009)

Form 990 (2009) PAJARO VALLEY FEDERATION OF TEACHERS, 23-7207231 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. <u>S</u>

| e | ction A. Governing Body and Management | | | | | | | | |
|----|---|------------|-----|----|--|--|--|--|--|
| | | | Yes | No | | | | | |
| 1 | a Enter the number of voting members of the governing body 1a 16 | , 1 | | | | | | | |
| | b Enter the number of voting members that are independent 1b | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? | 2 | | X | | | | | |
| 3 | 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | | | | | | | |
| 4 | Did the organization make any significant changes to its organizational documents | 4 | | Х | | | | | |
| | since the prior Form 990 was filed? | | | | | | | | |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? See Sch 0 | _5 | X | | | | | | |
| 6 | Does the organization have members or stockholders? See Schedule 0 | 6 | Х | | | | | | |
| 7 | a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? See Schedule 0 | 7a | х | | | | | | |
| | b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? See Sch C | 7 b | X | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. | | | | | | | | |
| | a The governing body? | 8a | Х | | | | | | |
| | b Each committee with authority to act on behalf of the governing body? | 8b | Х | | | | | | |
| 9 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O | 9 | | Х | | | | | |
| e | ction B. Policies (This Section B requests information about policies not required by the Interna | Ī | | | | | | | |
| ev | venue Code) | | | | | | | | |
| | | | Yes | No | | | | | |
| 10 | a Does the organization have local chapters, branches, or affiliates? | 10 a | | X | | | | | |
| | b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | | | | | | |
| | | 1 | 1 | | | | | | |

| | | | Yes | No |
|----|---|------|-----|----|
| 10 | a Does the organization have local chapters, branches, or affiliates? | 10 a | | Х |
| | b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | | X |
| 11 | A Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O | | | |
| 12 | a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 | 12a | | _X |
| | b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| | c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done | 12c | | |
| 13 | Does the organization have a written whistleblower policy? | 13 | | Х |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | | Х |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| | a The organization's CEO, Executive Director, or top management official | 15a | | Х |
| | b Other officers of key employees of the organization | 15b | | Х |
| | If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) | | | |
| 16 | a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | Х |
| | b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| Se | ction C. Disclosures | 100 | | |
| | List the states with which a copy of this Form 990 is required to be filed ► CA | | | |
| | Section 6104 requires on experimental to make the Forms 1022 for 1024 if any health 2, 000, and 000 T (F01/c)/22 and 2 | | | |

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply X Upon request Another's website

Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► NUBIA PADILLA , AS ENTITY __(831)_722~2331

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees See instructions for definition of 'key employees'

Check this box if the organization did not compensate any current officer, director, or trustee

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

| (A) | (B) | | (c) | | | | | (D) | (E) | (F) |
|---------------------|---------------|--------------------------------|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| Name and Title | Average hours | Posi | tion (| (checl | k all t | that app | | Reportable | Reportable | Estimated |
| | per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| JACK CARROLL | | | | | | | | | - | |
| Chief Negotiato | 2 | | | | | | | 3,294. | 0. | 0. |
| ANDY HSIA-CORON | | | | | | | | | | |
| Negotiator | 2 | | | | | | | 2,782. | 0. | 0. |
| BERTHA CARLOS | | | | | | | | | | |
| Vice President | 2 | | | X | | | | 0. | 0. | 0. |
| CHRISTINA KELLY | | | | | | | | | | |
| Grievance Offic | 2 | | | X | | | | 0. | 0. | 0. |
| LILIANA BARRIOS | | | | | | | | | | |
| Vice President | 0 | | | X | | | | 0. | 0. | 0. |
| LISA MASSEY | | | | | | | | | | |
| Vice President | 2 | | | X | | | | 0. | 0. | 0. |
| FRANCISCO RODRIGUEZ | | | | | | | | - | | |
| President | 60 | | | X | | | | 16,806. | 0. | 0. |
| JENNIFER LASKIN | | | | | | | | | | |
| Secretary | 5 | | | X | | | | 2,400. | 0. | 0. |
| NUBIA PADILLA | | | | | | | | | | |
| Treasurer | 5_ | | | Х | | | | 6,627. | 0. | 0. |
| PAT MESSER | | | | | | | | | <u> </u> | |
| Vice President | 2 | | | X | | | | 0. | 0. | 0. |
| JEFFREY BRYANT | 1 | | | | | | | | V | , |
| Vice President | 22 | | | Х | | | | 0. | 0. | 0. |
| LISA McCALLEY | | | | | | ļ | | | | |
| Vice President | 2 | | | Х | | | L. | 0. | 0. | 0. |
| PETER NICHOLS | _ | | | | | | | | | |
| Vice President | 2 | | | Χ | | | | 0. | 0. | 0. |
| SARAH RINGLER | 1 | l | , | | | ļ | | | | |
| Vice President | 2 | <u> </u> | | Х | | | | 0. | 0. | 0. |
| PABLO BARRICK | | | | | | | | | V | |
| Vice President | 2 | | | Х | | | | 0. | 0. | 0. |
| SARAH_HENNE | 1 | | | | | | | | | |
| Vice President | 2 | | | Х | | ļ | | 0. | 0. | 0. |
| | _ | | | | | | | | | |
| | | | | | | | <u> </u> | | | |

| Section A. Officers, Directors, Trus | | \ey | LII | | | es, | all | | | |
|--|-----------------------------|----------------------|-------------|--------------|----------------------|---------------------------------|----------|--|---|---|
| (A) Name and Title | (B) Average | Posi | tion (| | c) k all i | hat a | (vlaa | (D) Reportable | (E) Reportable | (F) Estimated |
| | | or director | Institution | Officer | _ | Highest compensated employee | | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | . ,, | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1 b Total | | _ | | | 1. | | • | 31,909. | 0. | 0 |
| 2 Total number of individuals (including but not limite from the organization ► 0 | - | | | _ | | | - | | | Yes No |
| Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it. For any individual listed on line 1a, is the sum of rethe organization and related organizations greater tindividual. | <i>ndıvıdua</i> portable | a <i>l</i> e cor | npe | nsa | tion | and | oth | er compensation | from | 3 X |
| 5 Did any person listed on line 1a receive or accrue of rendered to the organization? If 'Yes,' complete Sci. | ompens hedule | atio <i>I for</i> | n fro | om a h pe | any erso | unre n | elate | ed organization fo | r services | 5 X |
| Section B. Independent Contractors 1 Complete this table for your five highest compensar | tad inda | nen | dont | | ntra | toro | the | t received more | han \$100 000 of | |
| compensation from the organization | | Peri | | | ılla | -1015 | | | · · · · | |
| Name and business addres | s | | | | | | | Description of | of Services | (C) Compensation |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total number of independent contractors (including | but not | lımı | tod | to +1 | 2000 | - lict | .od - | phono) who ross | and more than | |
| \$100,000 in compensation from the organization > | | artil | ieu | נט נו | 1036 | , 115L | eu a | above) who receiv | eu more than | |

| Pa | t VIII Statement of Revenue | | | | |
|--|---|----------------------|--|---|--|
| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 |
| SS | 1a Federated campaigns 1a | | | | |
| ANT | b Membership dues 1 b | | | | |
| ã,₫ | c Fundraising events. | | 1 | | |
| FTS | d Related organizations | | | | |
| <u>2</u> 5 | e Government grants (contributions) 1 e | | | | |
| SIS | | _ | | | |
| PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | f All other contributions, gifts, grants, and similar amounts not included above 1 f 5, 232 | | | | |
| | g Noncash contributes included in lns 1a-1f. \$ | | | | |
| SE | h Total. Add lines 1a-1f | ► 5,232. | | | |
| <u></u> | Business Code | 3,232. | | | |
| EN | 2a Membership Dues & Assessments 561300 | 994,309. | 994,309. | | |
| Ĕ | b | 331,303. | 334,303. | | |
| <u> </u> | c | | | | |
| E. | d | | | | |
| ∑ | | | | | |
| 3RA | f All other program service revenue | | | | |
| ě | g Total. Add lines 2a-2f | ▶ 994,309. | | | |
| - | | 331,303. | | | |
| | 3 Investment income (including dividends, interest and other similar amounts) | ▶ 295. | | | 295. |
| | 4 Income from investment of tax-exempt bond proceeds | • | | | |
| | 5 Royalties | • | | | |
| Ì | (i) Real (ii) Personal | | | | |
| | 6a Gross Rents | | | | |
| | b Less rental expenses | | | | |
| | c Rental income or (loss) | | | | |
| I | d Net rental income or (loss) | > | | | |
| | 7a Gross amount from sales of (i) Securities (ii) Other | | | | |
| | assets other than inventory | | | | |
| | b Less, cost or other basis | | | | |
| | and sales expenses | | | | |
| | c Gain or (loss) | | | | |
| | d Net gain or (loss) | • | | | |
| <u>u</u> | 8a Gross income from fundraising events (not including \$ | | | | |
| OTHER REVENU | of contributions reported on line 1c) | | | | |
| E E | See Part IV, line 18 | | | | |
| 띭 | b Less direct expenses b | | | | |
| 6 | c Net income or (loss) from fundraising events | • | | | |
| ļ | 9a Gross income from gaming activities | | | | |
| | b Less direct expenses b | - | | | |
| | c Net income or (loss) from gaming activities | > | | · | |
| Į | | <u> </u> | | | |
| | 10a Gross sales of inventory, less returns and allowances | | | | |
| | b Less cost of goods sold b | | | | |
| | c Net income or (loss) from sales of inventory | • | | | |
| | Miscellaneous Revenue Business Code | | | | |
| | 11a affiliate financial assis 561300 | 141,649. | 141,649. | | |
| | b fidelity bond claim 561300 | 97,732. | 97,732. | | |
| | с | | | | |
| | d All other revenue | | | | |
| | e Total. Add lines 11a-11d | ▶ 239,381. | | | |
| | 12 Total revenue. See instructions | ► 1,239,217. | | 0. | 295. |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do . | not include amounts reported on lines | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|-------------------|---|--------------------|---------------------|-----------------------|-----------------------------|
| _ <i>bb,</i> 1 | and organizations in the U.S. See Part IV, | | expenses | general expenses | expenses , |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 2,000. | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the | 2,000. | | | |
| 4 | U S See Part IV, lines 15 and 16 Benefits paid to or for members | 6,941. | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 31,909. | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 | Other salaries and wages | 54,937. | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 3,747. | | | |
| 9 | Other employee benefits | 6,045. | | | |
| 10 | Payroll taxes | 12,309. | | E | |
| 11 | Fees for services (non-employees) | | | | |
| | Management | 22 074 | | | |
| | Legal (: Accounting | 32,074. 10,500. | | | |
| | Lobbying | 10,300. | | | |
| | Prof fundraising svcs See Part IV, In 17 | | | | |
| | Investment management fees | | | | |
| ç | J Other | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 29,290. | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | , |
| 16 | Occupancy | 24,579. | | | |
| 17 18 | Travel Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 55,992. | | | |
| 20 | Interest | | | | |
| | Payments to affiliates | 672,511. | | | |
| 22 | Depreciation, depletion, and amortization | 4,409. | | | <u> </u> |
| | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below). | | | | |
| | DISTRICT RELEASE TIME | 116,572. | | | |
| | REPRESENTATIONAL SERVICES | 38,539. | | | |
| | GOOD & WELFARE | 18,000. | | | |
| | NEGOTIATIONS | 11,452. | | | |
| | TEMPORARY STAFF | 3,620. 5,325. | | | |
| | All other expenses Total functional expenses. Add lines 1 through 24f | 1,140,751. | | | |
| 26 | Joint costs. Check here ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | 1,110,101. | | | |
| BAA | | | | | Form 990 (2009) |

| | | | | | (A) Beginning of year | | (B) End of year |
|---------|------|---|----------------------|------------------|--------------------------|-------------|---------------------------|
| | 1 | Cash - non-interest-bearing | | | 191,429. | 1 | 53,887 |
| | 2 | Savings and temporary cash investments | [| 83,177. | 2 | 106,385 | |
| | 3 | Pledges and grants receivable, net | | 3 | | | |
| | 4 | Accounts receivable, net | | | 150,051. | 4 | 327,342 |
| | 5 | Receivables from current and former officers, director and highest compensated employees. Complete Part | | 5 | | | |
| 1 | 6 | Receivables from other disqualified persons (as defin | | | | | |
| Ü | ĺ | and persons described in section 4958(c)(3)(B) Com | art II of Schedule L | | 6 | | |
| 3 | 7 | Notes and loans receivable, net | | | | 7 | |
| 4000110 | 8 | Inventories for sale or use | | | | 8 | |
| 5 | 9 | Prepaid expenses and deferred charges | | 2,169. | 9 | 1,460 | |
| | 10 a | Land, buildings, and equipment cost or other basis | 10a | 37,516. | | | |
| | | Complete Part VI of Schedule D | | | | | |
| | b | Less accumulated depreciation | 10b | 25,575. | 11,387. | 10 c | 11,941 |
| | 11 | Investments - publicly-traded securities | | | | 11 | |
| | 12 | Investments - other securities See Part IV, line 11- | | | 12 | | |
| | 13 | Investments - program-related See Part IV, line 11 | | | 13 | | |
| | 14 | Intangible assets | | | 14 | , | |
| | 15 | Other assets See Part IV, line 11 | | | 3,049. | 15 | 3,048 |
| | 16 | Total assets Add lines 1 through 15 (must equal line | 34). | | 441,262. | 16 | 504,063 |
| Ī | 17 | Accounts payable and accrued expenses | | | 274,826. | 17 | 230, 424 |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | | 19 | | |
| . | 20 | Tax-exempt bond liabilities | - | - | 20 | | |
| | 21 | Escrow or custodial account liability Complete Part I | V of S | chedule D. | | 21 | |
| - | 22 | - · · · | stees. | kev emplovees. | | | |
| | | of Schedule L | | | | 22 | |
| 5 | 23 | Secured mortgages and notes payable to unrelated th | ırd pa | ties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third | partie | s | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25. | | | 274,826. | 26 | 230,424 |
| 7 | | Organizations that follow SFAS 117, check here ▶ | X an | d complete lines | | | |
| Ť | | 27 through 29 and lines 33 and 34. | _ | | | | |
| | 27 | Unrestricted net assets | | | 166,436. | 27 | 273,639 |
| | 28 | Temporarily restricted net assets | | | | 28 | , |
| - 1 | 29 | Permanently restricted net assets | | | | 29 | |
| } | | Organizations that do not follow SFAS 117, check he | | | | | |
| | | lines 30 through 34. | and complete | | | | |
| | 30 | Capital stock or trust principal, or current funds | Ţ | | 30 | | |
| | 31 | Paid-in or capital surplus, or land, building, and equip | und T | · | 31 | | |
| | 32 | Retained earnings, endowment, accumulated income, | - | | 32 | | |
| W. W. | 33 | Total net assets or fund balances | | | 166,436. | 33 | 273,639 |
| ĔΙ | 34 | Total liabilities and net assets/fund balances | | h h | 441,262. | 34 | 504,063 |

TEEA0111L 01/30/10

Part XI **Financial Statements and Reporting** Yes No 1 Accounting method used to prepare the Form 990. X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain ın Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a b Were the organization's financial statements audited by an independent accountant? 2b Х c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

X Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

3a

3 b

X

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

| | tment of the Treasury al Revenue Service | ▶ Δ# | Part IV, lines 6, 7, 8, 9, 10, ach to Form 990. ► See sepa | 11, or 12. | | | Open Inspe | to Public |
|-----|--|--|---|--|---------------------|----------------------------------|----------------------|--------------------------------|
| | of the organization | | acii to i oriii 330 See sepa | arate instructions | | Employer Ider | | |
| | JARO VALLEY I LOCAL 1936 | FEDERATION OF TEAC | CHERS, | | 23-7207 | 221 | • | |
| Pai | | | - Advised France on Oak | | | | | |
| | | zation answered 'Yes' t | r Advised Funds or Otho o Form 990, Part IV, line | er Similar Funds e 6. | or Acc | counts Con | ibiere | ···· |
| | | | (a) Donor advised | funds | (b) | Funds and otl | ner acc | ounts |
| 1 | Total number at | end of year | | | | | | |
| 2 | Aggregate contril | butions to (during year) | | | | | | |
| 3 | Aggregate grants | from (during year) | | | | | | |
| 4 | Aggregate value | at end of year | | | | | | |
| 5 | Old the organizat | tion inform all donors and doi panization's property, subject | nor advisors in writing that the to the organization's exclusive | e assets held in dono e legal control? | r advised | | Yes | No |
| 6 | used only for cha | tion inform all grantees, dono aritable purposes and not for ng impermissible private bene | ors, and donor advisors in writ the benefit of the donor or do efit?? | ing that grant funds r nor advisor or for any | nay be y other | | Yes | No |
| Pai | t II Conserva | tion Easements Comple | ete if the organization ar | nswered 'Yes' to | Form 9 | 90, Part IV | , lıne | 7 |
| 1 | Purpose(s) of co | nservation easements held by | y the organization (check all t | hat apply) | | | | -, - |
| | Preservation | of land for public use (e g , r | recreation or pleasure) | Preservation of a | n histori | cally importar | it land a | area |
| | Protection of | natural habitat | • | Preservation of c | ertified h | iistoric structu | ıre | |
| | Preservation | of open space | | | | | | • |
| 2 | Complete lines 2 last day of the ta | a through 2d if the organizati x year | on held a qualified conservati | on contribution in the | form of | a conservation | on ease | ement on the |
| | | | | | | Held at the | End of | the Year |
| á | Total number of | conservation easements | | | 2a | | | |
| ı | Total acreage res | stricted by conservation ease | ments | | _2b | | | |
| | Number of conse | rvation easements on a certi | fied historic structure included | l ın (a) | 2c | | | |
| (| d Number of conse | rvation easements included i | in (c) acquired after 8/17/06 | | 2d | | | _ |
| 3 | Number of conse | ervation easements modified, | transferred, released, extingu | iished, or terminated | by the o | rganization d | uring th | ne tax |
| 4 | Number of states | s where property subject to co | onservation easement is locate | ed > | | | | |
| 5 | and enforcement | of the conservation easemen | | | _ | | Yes | ☐ No |
| 6 | during the year | • | ng, inspecting, and enforcing | | ents - | · | | _ |
| 7 | Amount of expenduring the year | | nspecting, and enforcing cons | ervation easements | \$_ | | | _ |
| 8 | Does each conse 170(h)(4)(B)(i) ar | ervation easement reported or and 170(h)(4)(B)(ii)? | n line 2(d) above satisfy the re | equirements of section | n | | Yes | ☐ No |
| 9 | | able, the text of the footnote | s conservation easements in its to the organization's financial | | | | | |
| Pai | rt III Organiza Complete | tions Maintaining Colle of the organization ans | ections of Art, Historical wered 'Yes' to Form 990 | Treasures, or O | ther Si | milar Asse | ts | |
| 1: | treasures, or other | er sımılar assets held for pub | r SFAS 116, not to report in it lic exhibition, education, or re ents that describes these item | search in furtherance | and bala of publ | ance sheet wo | orks of ovide, in | art, historical n Part XIV, |
| ı | If the organization treasures, or other amounts relating | er sımılar assets held for pub | r SFAS 116, to report in its re lic exhibition, education, or re | venue statement and search in furtherance | balance of publ | e sheet works ic service, pro | of art, ovide th | historical le following |
| | | cluded in Form 990, Part VIII, | , line 1 | | | ► \$ | | |
| | (ii) Assets ınclud | ded in Form 990, Part X | | | | ▶ \$ | | |
| 2 | If the organization | n received or held works of a d to be reported under SFAS | art, historical treasures, or othe 116 relating to these items | er sımılar assets for t | financial | gain, provide | the fol | lowing |

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

| | | • | • | | | |
|--|--|--------------------------------------|---|--------------------------------|------------------|-----------|
| Schedule D (Form 990) 2009 PAJAF | O VALLEY FED | ERATION OF | TEACHERS, | 23-720 | 07231 | Page 2 |
| Partill Organizations Maintai | ning Collection | s of Art, Histo | orical Treasures, o | r Other Similar As | sets (contu | าued) |
| 3 Using the organization's acquisitilitems (check all that apply). | on accession and of | her records, che | ck any of the following | that are a significant u | se of its collec | ction |
| a Public exhibition | | d \bigcap Loan | or exchange programs | | | |
| b Scholarly research | | e Other | | | | |
| c Preservation for future gener | ations | | | | | |
| 4 Provide a description of the orga Part XIV | | s and explain ho | w they further the orga | nızatıon's exempt purpo | ose in | |
| 5 During the year, did the organiza assets to be sold to raise funds r | tion solicit or receive ather than to be ma | e donations of a intained as part | rt, historical treasures, of the organization's co | or other similar ollection? | Yes | No |
| Part W Escrow and Custodia 9, or reported an amo | Arrangements | Complete if of | organization answe | | 990, Part IV | /, line |
| 1a Is the organization an agent, trus included on Form 990, Part X? | | <u> </u> | | ther assets not | | |
| b If 'Yes,' explain the arrangement | | | | | Yes | ∐No |
| | | · | J | | Amount | |
| c Beginning balance | | • | | 1c | | |
| d Additions during the year | | | | 1 d | | • |
| e Distributions during the year | | | | 1 e | | |
| f Ending balance | | | | 1f | | |
| 2a Did the organization include an a | mount on Form 990 | , Part X, line 21 | ? | | Yes | No |
| b If 'Yes,' explain the arrangement | | | | | | |
| Part V Endowment Funds Col | | ation answer | ed 'Yes' to Form 9 | 90. Part IV. line 10 |). | |
| | (a) Current year | (b) Prior yea | | | 7' | ears back |
| 1a Beginning of year balance | (2) 00 | (2) / 10: /02 | 27 110 70010 201 | (3) (1) | | |
| b Contributions | | - | | | | |
| 1 | | | | | | |
| c Net Investment earnings, gains, and losses | | | | | | |
| d Grants or scholarships | | <u> </u> | | | | |
| e Other expenditures for facilities and programs | | | | | | |
| f Administrative expenses | | | | | | |
| g End of year balance | | | | | | |
| Provide the estimated percentage | e of the year end ba | lance held as | | | | |
| a Board designated or quasi-endow | /ment ► | % | | | | |
| b Permanent endowment ▶ | | | | | | , |
| c Term endowment ► | % | | | | | |
| 3a Are there endowment funds not a organization by: | n the possession of | the organization | that are held and adm | inistered for the | Yes | No No |
| (i) unrelated organizations | | | | | 3a(i) | |
| (ii) related organizations | | | | | 3a(ii) | |
| b If 'Yes' to 3a(II), are the related of | rganizations listed a | as required on S | chedule R? | | 3b | _ |
| 4 Describe in Part XIV the intended | • | • | | | | |
| Part VI Investments-Land, B | | | | (. line 10. | | |
| Description of investment | (a) Cos | st or other basis nvestment) | | (c) Accumulated Depreciation | (d) Book | Value |
| 1 a Land | | - | , , , | | | |
| b Buildings | | | | | | |
| c Leasehold improvements | | | 3,500. | 3,500. | | 0. |
| d Equipment | | | 20,938. | 13,627. | | 7,311. |
| | | | | | | |

TEEA3302L 02/02/10

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

e Other

BAA

13,078.

8,448.

4,630. 11,941.

Schedule **D** (Form 990) 2009

| Schedule D (Form 990) 2009 PAJARO VALLEY FEI | | | Page 3 |
|--|--|--|----------------|
| Part VII Investments—Other Securities See F (a) Description of security or category | (b) Book value | 2. N/A (c) Method of valuation | |
| (including name of security) Financial derivatives | (,,==================================== | Cost or end-of-year market value | |
| Closely-held equity interests | | | |
| Other | , | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990 Part X, col (B) line 12) | | | |
| Part VIII Investments—Program Related (See (a) Description of investment type | (b) Book value | | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value | |
| | | | |
| | <u> </u> | | |
| | | | |
| | | | |
| | | | |
| | 1, | | |
| | | | , |
| | | | |
| Total (Column (b) must equal Form 990, Part X, Col (B) line 13) Part IX Other Assets (See Form 990, Part X | , line 15) N/A | | |
| | escription | (b) Boo | k value |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B), Part X Other Liabilities (See Form 990, Part | | | |
| (a) Description of Liability | (b) Amount | | |
| Federal Income Taxes | | | |
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| | | | |
| Total (Column (b) must equal Form 990, Part X, col (B) line 25) | -11-1-1-1-1 | | 1 1 2 1 1 |
| 2. FIN 48 Footnote In Part XIV, provide the text of the for for uncertain tax positions under FIN 48 | otnote to the organization's fir | iancial statements that reports the organization | on's liability |

| _ | | - /20 | 7231 Page 4 |
|--------|--|-------------|------------------------------|
| | Reconciliation of Change in Net Assets from Form 990 to Financial Statements | $\neg \neg$ | 1 220 217 |
| 1 | Total evenue (Form 990, Part VIII,column (A), line 12) | - | 1,239,217. 1,140,751. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25). | - | |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | - | 98,466. |
| 4 | Net unrealized gains (losses) on investments Donated services and use of facilities | } | |
| 5 | | - | |
| 6 | Investment expenses | } | |
| 7 | Prior period adjustments Other (Perceibe in Part XIV) | - | |
| 8 | Other (Describe in Part XIV). Total adjustments (net) Add lines 4 through 8 | } | |
| 9 | | } | 98,466. |
| | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Reconciliation of Revenue per Audited Financial Statements With Revenue per Re | turn | 30,400. |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 1,239,217. |
| | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| | a Net unrealized gains on investments | | |
| | Donated services and use of facilities 2b | | |
| | Recoveries of prior year grants 2c | | |
| | d Other (Describe in Part XIV). | | |
| | e Add lines 2a through 2d | 2e | |
| | Subtract line 2e from line 1 | 3 | 1,239,217. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| | Investments expenses not included on Form 990, Part VIII, line 7b. | | |
| ŀ | Other (Describe in Part XIV) | | |
| (| Add lines 4a and 4b | 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 1,239,217. |
| Pa | Reconciliation of Expenses per Audited Financial Statements With Expenses per | Retu | |
| 1 | Total expenses and losses per audited financial statements | 1 | 1,140,751. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| ā | Donated services and use of facilities 2a | | |
| Ł | Prior year adjustments 2b | | |
| • | Other losses 2c | | |
| c | Other (Describe in Part XIV) | | |
| • | e Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 1,140,751. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | a Investments expenses not included on Form 990, Part VIII, line 7b. | | |
| Ŀ | Other (Describe in Part XIV). | | |
| (| c Add lines 4a and 4b | 4c | |
| | Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18) | 5 | 1,140,751. |
| Pa | ②※IV Supplemental Information | | |
| line - | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this paration | rt to pi | ovide any additional |
| | TEEA3304L 02/02/10 | | ule D (Form 990) 2009 |
| | TEEA3304L 02/02/10 | JUIEU | uie 🗗 (1 01111 330) 2003 |

| Schedule D (Form 990) 2009 PAJARO VALLEY FEDERATION OF TEACHERS, Part XIV Supplemental Information (continued) | 23-7207231 | Page 5 |
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

| PAJARO VALLEY FEDERATION OF TEACHERS, AFT LOCAL 1936 | 23-7207231 |
|---|----------------------|
| Form 990, Part VI, Line 5 - Description of Material Diversion of Assets | |
| Federation_filed_a_claim_with_its_fiduciary_bond_vendor_regard | ing a defalcation by |
| its_bookkeeper Federation_receovered_all_funds_claimed | |
| Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder | |
| Union has members who sign a membership card | |
| Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Boo | dy |
| Officers are elected by the membership | |
| Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or | Shareholders |
| Collective bargaining contract must be ratified by members | -~ |
| Form 990, Part VI, Line 11 - Form 990 Review Process | |
| Tax return is prepared by an independent CPA and reviewed by the | ne treasurer before |
| signature and mailing. | |
| Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available | |
| On request of any member only | |
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| Form 8868 | (Rev 4-2009) | | Page 2 |
|-----------------------------------|---|--|--|
| • If you a | are filing for an Additional (Not Automatic) 3-Month Extension, complete | only Part II and check this box | < ► X |
| Note. Only | complete Part II if you have already been granted an automatic 3-month | i extension on a previously filed | 5 Form 8868 |
| • If you a | are filing for an Automatic 3-Month Extension, complete only Part I (on p | page 1) | |
| Part II | Additional (Not Automatic) 3-Month Extension of Time. O | nly file the original (no co | opies needed). |
| | Name of Exempt Organization | Employ | er identification number |
| Type or | PAJARO VALLEY FEDERATION OF TEACHERS, | | |
| print | AFT LOCAL 1936 | 23-7 | 207231 |
| | Number, street, and room or suite number. If a P.O. box, see instructions | For IRS | use only |
| File by the extended | RITA C. VILLA, CPA | | |
| due date for filing the | 3151 Cahuenga Blvd. West, Suite 125 | | |
| return See instructions | City, town or post office, state, and ZIP code. For a foreign address, see instructions | | |
| | LOS ANGELES, CA 90068 | adety. | A Commence of the Commence of |
| Check type | e of return to be filed (File a separate application for each return) | | |
| X Form 9 | 990 Form 990-PF | Form 1041-A | Form 6069 |
| Form 9 | 990-BL Form 990-T (section 401(a) or 408(a) trust) | Form 4720 | Form 8870 |
| Form 9 | P90-EZ Form 990-T (trust other than above) | Form 5227 | |
| | not complete Part II if you were not already granted an automatic 3-mon | th extension on a previously f | iled Form 8868. |
| | oks are in care of <u>NUBIA_PADILLA</u> | | |
| Teleph | one No ► (831) 722-2331 FAX No ► (831) | <u> 722-3009 </u> | |
| If the c | organization does not have an office or place of business in the United St | ates, check this box | ▶ [] |
| If this i | is for a Group Return, enter the organization's four digit Group Exemption | _ ` ` | If this is for the |
| whole grou | up, check this box 🕒 📋 if it is for part of the group, check this box 🕨 | and attach a list with the i | names and EINs of all |
| | the extension is for | | |
| | uest an additional 3-month extension of time until $11/15$, 2 | | |
| 5 For a | calendar year 2009 , or other tax year beginning | , 20 , and ending | , 20 |
| | | Final return Ch | 3. |
| | e in detail why you need the extension | | |
| gat | ther information necessary to file a complete | <u>and accurate tax re</u> | turn |
| | | | |
| 8a If this | s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the efundable credits. See instructions | tentative tax, less any | 8a \$ |
| Payii | s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refunda nents made. Include any prior year overpayment allowed as a credit and a | ble credits and estimated tax any amount paid previously | - Control of the Cont |
| with | Form 8868 | | 8b \$ |
| c Balar with | nce Due. Subtract line 8b from line 8a Include your payment with this for FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payr | ment System) See instrs | 8c \$ |
| | Signature and Verification | | |
| Under penaltie correct, and co | es of perjun, I declare that I have examined this form, including accompanying schedules and state ompleter and that I am authorized to prepare this form | ements, and to the best of my knowledge | |
| Signature / | Title ► Accountant | | Date - 8/13/2010 |
| ВАА | / FIFTOFOO! 0001100 | | , , , , , , , , , , , , , , , , , , , |
| DAA | FIFZ0502L 03/11/09 | | Form 8868 (Rev 4-2009) |